PUBLIC BRIEFING
November 2015

Proposed changes to secondary mental health services in Stockport

Background

In October 2014, a 45 day consultation was held proposing the restructure of the Secondary Care Adult Community Mental Health Service in Stockport, provided by Pennine Care NHS Foundation Trust and Stockport Council.

Unison, on behalf of its members, responded with an alternative proposal but when costs were calculated, this fell outside of the available financial envelope.

Since November 2014, Pennine Care has been working with unions, staff and local stakeholder groups to find an alternative restructure proposal that is financially viable.

This briefing has been developed to provide patients, service users, carers and the public with an update and overview of the changes that are currently being proposed to the Secondary Care Adult Community Mental Health Service.

National context for change

Nationally, the NHS is required to save £20 billion over five years. This is mandated by the Government. The level of savings required for each NHS trust will vary based on how well they have managed their finances in the past.

In Pennine Care, we have to save a minimum of £47.5 million over five years, which is around 20% of the total budget, or £9 million every year. If we do not make these savings we will not be able to keep providing the services we do now. This means that all services need to change how they provide care.

Pennine Care has managed its finances well in the past and we have been able to make the required £9 million savings each year through modest service changes and redesign, that has had very little impact on services. However, it is now becoming much more difficult to find the money and so we need to be more radical in our plans, transforming how we provide care at pace and scale.

The Trust’s absolute priority is to ensure that the quality and safety of patient care is not compromised through any changes that are made and we have a number of quality indicators in place to help us measure any positive or negative impact.

At the same time as being required to make financial savings, the NHS is experiencing increased demand for its services which includes community services, mental health and hospitals. Local Councils are also facing unprecedented financial
challenges and this is putting increasing pressure on both health and social care services.

**Stockport context for change**

Like all of Pennine Care’s community and mental health services, mental health services in Stockport need to change, in order to meet the different needs of local people and also release savings.

The levels of savings each service is required to make will vary based on the size of the total budget and how much potential there is for change, but an estimate is that each service has to save around 4% of their budget each year.

Pennine Care is paid by clinical commissioning groups (CCG) to provide services in each local area. Stockport CCG is led by GPs and decides what type of services should be provided to meet the needs of the local population. Pennine Care then works with Stockport Council to provide these services according to the CCGs specification.

**What do we currently provide?**

There are eight separate teams which currently make up the Secondary Care Adult Community Mental Health Service in Stockport, which is provided jointly by Pennine Care and Stockport Council. These are:

<table>
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<th>3 x Community Mental Health Teams</th>
<th>1x Recovery and Inclusion Team</th>
<th>1x Home Treatment Team</th>
<th>1x Early Intervention Team</th>
<th>1x Criminal Justice Mental Health Team</th>
<th>1x Supported Living Team</th>
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These teams are managed overall by a Community Service Manager from Pennine Care with the support of a Social Care Lead/Senior Practitioner from Stockport Council, reporting to the Service Line Manager for Adult Services within Pennine Care NHS Foundation Trust.

Each of the eight teams is also directly line managed by a Team Manager. The teams are made up of a combination of mental health and social care staff, as well as administration support.

**What are the proposed changes?**

Based on feedback gathered throughout the original consultation, and in the months following, from staff and stakeholders, a new proposal is being put forward. This final proposal consists of two Community Mental Health Teams (West and East Stockport) with integrated Recovery and Inclusion Team Hubs in each. The pathway for these teams will incorporate Acute / Intensive Care, Rehabilitation, Recovery and Moving on.
The Criminal Justice Mental Health Team, Home Treatment Team, Early Intervention Team and Supported Living Team are not within the scope of this project.

The proposed new model for the Secondary Care Adult Community Mental Health Service will be made up of the teams below:

<table>
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<tr>
<th>Community Mental Health Team (West)</th>
<th>Community Mental Health Team (East)</th>
<th>Home Treatment Team</th>
<th>Early Intervention Team</th>
<th>Criminal Justice Mental Health Team</th>
<th>Supported Living Team</th>
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<td>With Recovery and Inclusion Team Hub</td>
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The manager of the Home Treatment Team will take on additional operational management oversight for Depot and Clozapine Clinics.

The two Community Mental Health Teams, inclusive of the Recovery and Inclusion Team Hubs, will each be managed by a Team Manager and two Deputy Team Managers. The Deputy Team Managers will continue to spend half their time care-coordinating to effectively operationally manage and support the new teams.

Management arrangements for all other teams will not change.

The teams will still have a multi-disciplinary skill mix of mental health and social care staff, as well as administration support. Other than some minor changes, the majority of job descriptions will remain the same.

This is a reduction of:

- 35.63 hours of Team Manager time per week (from 148.13 in the current model to 112.5 in the proposed. This is equivalent to 0.95 whole time job posts.)
- 64.88 hours of Office Manager time per week (from 139.88 in the current model to 75 in the proposed. This is equivalent to 1.73 whole time job posts.)
- 187.50 hours of administration support time per week (from 359.25 in the current model to 171.75 in the proposed. This is equivalent to 5 whole time job posts.)

The majority of this is administrative time, where a reduction has been possible due to Community Mental Health Team service delivery coming from two main bases under the new model.

For Pennine Care, this service change would result in £212,000 savings being achieved. The new service model would be implemented between February and May 2016.
What does this mean for patients?

Understandably, patients may be concerned about how these changes will affect them but the majority of the care they receive will stay the same and where possible, care coordination will remain consistent.

Under the proposed new model we will see the integration of the borough-wide Recovery and Inclusion Team into the two restructured Community Mental Health Teams with a Recovery Hub in each. This will ensure clear and improved pathways of community mental health rehabilitation, recovery and inclusion, and acute/intensive care.

Patients will benefit from a whole system pathway that supports continuity of care and their personalised recovery. As moving through the pathway will be a more streamlined and effective process, any need to transfer care to a different team should be avoided.

Those treated by the Community Mental Health Teams should be less likely to need intensive care from a ward because of the more intensive care and treatment available from the community team.

We will engage with all patients who are currently seen by the Community Mental Health Teams or Recovery and Inclusion Team to let them know about the changes and which team they will be seen by in future and from which location. The transition will be managed as smoothly as possible, with minimal disruption.

The Home Treatment Team, Early Intervention Team, Criminal Justice Mental Health Team and Supported Living Team will continue to see patients as normal.

Staff consultation

As with any service change, this redesign is subject to a formal HR consultation process. This first formal consultation started on 8 October 2014 and ran for 45 days until 21 November 2014, in line with national guidelines.

For this final proposed model, a 45 day formal consultation commenced on 11 November 2015.

Staff have had the opportunity to participate in meetings and workshops to understand why we need to change and what the potential options are. Pennine Care has also been working with staff union representatives as part of the consultation.

More recently, further engagement meetings with staff took place on 7 and 14 October to inform the final service model proposed in this consultation.

Pennine Care is committed to safeguarding the employment of staff as much as possible and individuals who are at risk will be supported to secure alternative employment within the Trust, where possible.
Public consultation

Both Pennine Care and Stockport Council operate in an open and transparent manner and will inform, engage and consult with the public as appropriate about service changes.

We have shared these plans with Stockport CCG as the commissioners of the service, who are in the process of considering these proposals.

We are also fully engaged and working with all relevant partners, including Stockport Council, GPs, commissioners, consultants and medics, public Governors, voluntary/third sector organisations, Healthwatch Stockport, Service User Network Stockport (SUNS), Stockport User Friendly Forum (STUFF), Mental Health Carers Group and Rethink, to inform them about our plans and engage with their members as requested.

We will ensure that any patients who will receive care from one of the restructured Community Mental Health Teams with integrated Recovery Hub are fully informed well in advance and that any concerns they have are addressed before the service is fully implemented by 1 May 2016.

Pennine Care works closely with the Joint Health Overview and Scrutiny Committee and will present these plans to the body for guidance around any further consultation that may be required.

Contact details

We welcome any feedback on the information included in this briefing.

Please send comments directly to Karen Maneely, Service Line Manager, on the details below or via the Pennine Care Communications Department, by emailing communications.penninecare@nhs.net, no later than Monday 7 December.

For further information contact:

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